

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

P.O. Box 4449

☐Check if different  
than previously  
reported. (ACC)

Cary

NC

27519

4449

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00194647

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☒January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Jamal Jones

Signature of Treasurer

Electronically Filed by Mr. Jamal Jones

Date

01

17

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2009</span>		90228.84
(b) Cash on Hand at Beginning of Reporting Period .....	45917.29	
(c) Total Receipts (from Line 19) .....	42863.90	74658.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	88781.19	164887.72
7. Total Disbursements (from Line 31) .....	0.00	76176.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88781.19	88711.15
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 14

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9792.80	16412.80
(ii) Unitemized .....	33071.10	58246.08
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	42863.90	74658.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	42863.90	74658.88
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	42863.90	74658.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42863.90	74658.88

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	76.57	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	76.57	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	54100.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	22000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	76176.57	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	76176.57	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	42863.90	74658.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42863.90	74658.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	76.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	76.57

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

David H. Long, Jr.

Mailing Address 650 Poplar Brances Close

City

Belville

State

NC

Zip Code

28451-9547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pender Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: 17376018

Amount of Each Receipt this Period

212.40

**B.**

Full Name (Last, First, Middle Initial)

Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Ln.

City

Huntersville

State

NC

Zip Code

28078-6489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Medical Center-  
University

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 17376049

Amount of Each Receipt this Period

480.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis Wingate-Jones

Mailing Address 5522Challis View Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Medical Center-  
Mercy

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 17376054

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1092.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. William Paugh

Mailing Address P O Box 10155

City

Goldsboro

State

NC

Zip Code

27532-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 9

Transaction ID: 17376168

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve J. Lawler

Mailing Address 3905 Cantata Dr.

City

Greenville

State

NC

Zip Code

27858-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pitt County Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 9

Transaction ID: 17376174

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Lutes

Mailing Address 600 Hospital Dr.

City

Monroe

State

NC

Zip Code

28112-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Medical Center-  
Union

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: 17376326

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Ms. April S. Culver, JD

Mailing Address 1305 Short Journey Road

City

Smithfield

State

NC

Zip Code

27577-6605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnston Health

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 9

Transaction ID: 17376452

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Kami Anderson

Mailing Address 1620 Goley Hewett Rd. #304

City

Bolivia

State

NC

Zip Code

28422-8254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Arthur Doshier Memorial  
Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: 17376462

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory J Beier

Mailing Address 209 Heatherton Way

City

Winston Salem

State

NC

Zip Code

27104-4448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forsyth Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 9

Transaction ID: 17376519

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A. Pully

Mailing Address 2728 Cambridge Road

City

Raleigh

State

NC

Zip Code

27608-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
AssociationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: 17376538

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F Damore

Mailing Address 509 Biltmore Avenue

City

Asheville

State

NC

Zip Code

28801-4690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mission HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	9

Transaction ID: 17376574

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John K Barto, Jr.

Mailing Address 6417 Shinn Creek Ln.

City

Wilmington

State

NC

Zip Code

28409-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hanover Regional Medi-  
cal CenterOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: 17376622

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ann M. Lore

Mailing Address 3604 Knightcroft Pl.

City

Fuquay Varina

State

NC

Zip Code

27526-8694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University Health Sys-  
tem

Occupation

State Government Relations Representat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 9

Transaction ID: 17376636

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Paul S Franz

Mailing Address P O Box 32861

1320 Fillmore Avenue, Unit 413

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 9

Transaction ID: 17376676

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael C Tarwater

Mailing Address P O Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 9

Transaction ID: 17376680

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles T Frock

Mailing Address PO Box 5109

City

Pinehurst

State

NC

Zip Code

28374-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FirstHealth of the Caroli-  
nas

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 9

Transaction ID: 17376744

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stan Taylor

Mailing Address 308 Pace St.

City

Raleigh

State

NC

Zip Code

27604-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WakeMed

Occupation

VP, Business Development & Managed Car

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 9

Transaction ID: 17376766

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Linwood Jones

Mailing Address Post Office Box 4449

City

Cary

State

NC

Zip Code

27519-4449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: 17554372

Amount of Each Receipt this Period

880.00

**SUBTOTAL** of Receipts This Page (optional) .....

1680.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Mike Stevenson

Mailing Address 1711 Mission Rd.

City

Murphy

State

NC

Zip Code

28906-3776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Murphy Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	9

Transaction ID: 17554407

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Hugh H. Tilson, Jr.

Mailing Address 1305 College Place

City

Raleigh

State

NC

Zip Code

27605-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	9

Transaction ID: 17554493

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William J Fulkerson, , M.D.

Mailing Address 815 Pleasant Green Rd.

City

Hillsborough

State

NC

Zip Code

27278-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	9

Transaction ID: 17554543

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jimm Bunch

Mailing Address P O Box 1569

City

Fletcher

State

NC

Zip Code

28732-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Ridge Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	9

Transaction ID: 17554553

Amount of Each Receipt this Period

320.40

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Mahone, V

Mailing Address P O Box 1089

City

Roanoke Rapids

State

NC

Zip Code

27870-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halifax Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	9

Transaction ID: 17554623

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Anthony Rose

Mailing Address 810 Fairgrove Church Road SE

City

Hickory

State

NC

Zip Code

28602-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Valley Medical Ce-  
nter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 17847756

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

920.40

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr Dean Swindle

Mailing Address 2850 Bitting Road

City

Winston Salem

State

NC

Zip Code

27104-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novant Health

Occupation

Executive VP &amp; CFO

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	9	

Transaction ID: 17847805

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

9792.80